



MADERA COUNTY ENVIRONMENTAL HEALTH APPLICATION FOR HEALTH PERMIT

PUBLIC POOL/SPA PROGRAM: ☐ New Facility ☐ Change of Owner PE: _____ FEE: _____

OWNER INFORMATION:

Name: _____
Address: _____ City: _____ ST: _____ Zip: _____
Mailing Address: _____ City: _____ ST: _____ Zip: _____
Home Phone: () _____ Work Phone: () _____
Driver's License: _____ Email: _____

OPERATOR INFORMATION:

Name: _____
Address: _____ City: _____ ST: _____ Zip: _____
Mailing Address: _____ City: _____ ST: _____ Zip: _____
Home Phone: () _____ Work Phone: () _____

FACILITY INFORMATION :

APN: _____

Business Name: _____
Address: _____ City: _____ ST: _____ Zip: _____
Mailing Address: _____ City: _____ ST: _____ Zip: _____
Business Phone: () _____ Alternate Phone: () _____
Manager: _____ Operator: _____
Swimming Pool SQ. Feet _____ (L x W x Average Depth)
Swimming Pool: Gallons _____ (How many?) _____ SPA: Gallons _____ (How many?) _____

RESPONSIBLE PARTY FOR BILLING: OWNER _____ OPERATOR _____

MAIL INVOICES TO: OWNER _____ OPERATOR _____ FACILITY _____

WATER: PUBLIC _____ PRIVATE _____

SEWER: PUBLIC _____ PRIVATE _____

BILLING AND COMPLIANCE ACKNOWLEDGEMENT:

I, the undersigned owner, operator or agent, acknowledge that all fees associated with this facility or activity will be billed to the party identified as the OWNER/OPERATOR on this form. I also certify that all operations will be performed in accordance with all applicable Madera County Ordinance Codes and/or Standards and State and/or Federal Laws. I understand that the annual Health Permit is non-transferable to a different owner/operator and upon change of ownership, or the closure of a business, I will notify this Department in writing within 10 business days before the change occurs.

APPLICANT'S SIGNATURE: _____ DATE: _____

Failure to pay annual Health Permit fees constitutes operating without a valid permit and the owner/ operator is subject to facility closure and/or penalties.

ENVIRONMENTAL HEALTH USE ONLY

COMMENTS:

RECEIVEDBY: _____ DATE: _____